



**MSI**  
**PRODUCTION SERVICES**  
 APPLICATION FOR EMPLOYMENT

Meeting Services, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, creed, gender, religion, marital status, registered domestic partner status, age, national origin or ancestry, sex or sexual orientation, physical handicap, medical condition, marital status or pregnancy, childbirth or related medical condition or any other consideration made unlawful by federal, state or local laws.

**PERSONAL INFORMATION**

Last Name	First Name	Middle Initial
Street Address	City	State/ZIP
Social Security #	Home Phone #	Message Phone #

Have you ever worked for Meeting Services, Inc.? If yes, when? \_\_\_\_\_

If under 18 years of age, can you furnish a work permit? Yes\_\_\_ No\_\_\_ N/A \_\_\_

Can you submit verification of your legal right to work in the United States?  
 Yes\_\_\_ No\_\_\_

**EMPLOYMENT DESIRED**

Position Desired	Status  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Date Available	Salary Desired

How did you learn of this opening?

Newspaper  Walk In  Referral  Advertisement  Other \_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date, circumstances and relevance of the offense to the position applied for may, however, be considered.)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Type of School	Name of School	Address	Graduated (Y/N)	Type of Diploma/Degree Received
High School				
College or University				
Vocational or Trade				
Other				

## EXPERIENCE

List below your work experience, starting with your most recent employer.

From	Employers Name, Address/Phone Number	Position Held	Supervisor's Name
To		Job Duties	Reason for Leaving
Salary			
\$ Starting	\$ Ending		

From	Employers Name, Address/Phone Number	Position Held	Supervisor's Name
To		Job Duties	Reason for Leaving
Salary			
\$ Starting	\$ Ending		

From	Employers Name, Address/Phone Number	Position Held	Supervisor's Name
To		Job Duties	Reason for Leaving
Salary			
\$ Starting	\$ Ending		

May we contact your present employer? \_\_\_\_\_

Summarize special skills and qualifications acquired from previous employment or other experience: \_\_\_\_\_

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### REFERENCES

List three persons not related to you who have knowledge of your work performance within the last three years.

Name	Phone Number
Occupation	Years Known

Name	Phone Number
Occupation	Years Known

Name	Phone Number
Occupation	Years Known

**Please Read Carefully, Initial Each Paragraph and Sign Below**

- \_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I have been granted employment, regardless of the time elapsed before discovery.
- \_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me any prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- \_\_\_ I understand that nothing contained in the application, or conveyed during any interview or which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Release Authorization *To Be Completed by All Applicants*

As part of its employment screening and selection procedures, Meeting Services, Inc. (the "Company") requires a background and reference check for its employees and prospective employees. The objective of the investigation is to verify the accuracy of the information provided through the application process, to check references and identify other factors that might be relevant to the Company's employment requirements. Prior to being hired and during the course of your employment, if hired, the Company may obtain a consumer report and/or an investigative consumer report about you for employment purposes (the "Report"). This Report may include, but is not limited to: Department of Motor Vehicles, current and former employers, credit reporting agencies, military records, school records, professional and personal references, criminal conviction record, information regarding your character, experience, work habits, previous job performance, and the reasons for termination at previous places of employment.

The Fair Credit Reporting Act gives you specific rights. If the Company relies upon the Report for an adverse action, before taking the adverse action the Company will give you a "pre-adverse action disclosure" that includes a copy of the Report. Please be advised that you have the right under the Fair Credit Reporting Act to request, in writing, within a reasonable time, that the Company makes a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five(5) days of the date on which we receive the request from you or within five (5) days from the time that the Report was first requested, whichever is later. Your authorization is valid for the longer of: (i) one year from the date hereof; or (ii) the termination of your employment relationship with the Company.

The Company has hired Accurate Information Systems, Inc. to prepare the Report discussed herein. By signing this Release Authorization, you agree to release and hold Accurate Information Systems, its officers, employees and agents and any other person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing or evaluating information or documents pursuant to this request, harmless from any claim, action, litigation or cause of action that may arise from the Company's use of the information contained in the Report.

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Print Full Name: Last    First    Middle

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Your Address

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City    State    ZIP

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Social Security Number    Date of Birth

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Driver's License Number    State Issuing License

**I consent to this release authorization**

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Signature

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Date

\_\_\_ Initial here if you would like to be furnished a copy of your Consumer Report to the extent one is requested.